

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Friends of Pam Galloway

ADDRESS (number and street)
▼

PO Box 2138

Check if different
than previously
reported. (ACC)

Warsaw

IN

46581

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00577619

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IN

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher James Magiera

Signature of Treasurer

Christopher James Magiera

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

Friends of Pam Galloway

FE5AN018

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 40

Write or Type Committee Name

Friends of Pam Galloway

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

42786.73

59597.85

(ii) Unitemized.....

1512.00

3275.68

(iii) TOTAL of contributions from individuals ▶

44298.73

62873.53

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

5000.00

5000.00

(d) The Candidate.....

3412.63

6236.37

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

52711.36

74109.90

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

50000.00

200000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

50000.00

200000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

102711.36

274109.90

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68499.00	188944.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1436.73	1891.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1436.73	1891.30
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	69935.73	190835.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50498.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	102711.36
25. SUBTOTAL (add Line 23 and Line 24).....	153210.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69935.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	83274.58

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Shalin Arnett

Mailing Address

City

Vincennes

State

IN

Zip Code

47591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician ServicesOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

Nathan Dulaney Bachman

Mailing Address 7824 Laurel Ave.

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bachman GroupOccupation
Executive/President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		09		2015

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Jeanell Bos

Mailing Address 12328 Driftwood Dr.

City

Demotte

State

IN

Zip Code

46310

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.4447

Committee was unable to obtain donor's street address but used its 'best efforts' to try to obtain said information.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Darren Brooks

Mailing Address 9980 Firestone Lane

City

Macedonia

State

OH

Zip Code

44056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Financial Planner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Deborah G Carstens

Mailing Address 7101 N. Desert Fairways Dr.

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2015

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Joseph P. Clayton

Mailing Address 3516 Club Estates Dr.

City

Carmel

State

IN

Zip Code

46033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Pam Galloway

A. Full Name (Last, First, Middle Initial)
Ronald Cohen

Mailing Address 526 Twin Eagles Blvd. E.

City State Zip Code
Huntertown IN 46748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cohen & Johnson Orthodontics Orthodontist

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Peter H. Coors

Mailing Address 770 N. High Street

City State Zip Code
Denver CO 80218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molson Coors Executive

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Richard Duchossois

Mailing Address 65 Spring Creek Rd.

City State Zip Code
Barrington IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Duchossois Group Chairman

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Pam Galloway

A. Full Name (Last, First, Middle Initial)
John M. Dunn

Mailing Address 10445 Old Plantation Dr.

City Evansville State IN Zip Code 47725

FEC ID number of contributing federal political committee. **C**

Name of Employer Dunn Hospitality Group Occupation Owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City McAllen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer McAllen Anesthesia Consultants Occupation Physician

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Cecchi Giuseppe

Mailing Address 1209 Aldebaran Dr.

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer The IDI Group Companies Occupation Developer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

C. Boyden Gray

Mailing Address 1534 28th Street, N.W.

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

George E. Ham

Mailing Address 4304 S. Mills St.

City

Independence

State

MO

Zip Code

64055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Paul Haney

Mailing Address 6279 E. 450 N.

City

Leesburg

State

IN

Zip Code

46538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kosciusko Medical Group

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Pam Galloway

A. Full Name (Last, First, Middle Initial)
Mary Kohler

Mailing Address P.O. Box 897

City State Zip Code
Sheboygan WI 53082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period

1350.00

B. Full Name (Last, First, Middle Initial)
Terry Kohler

Mailing Address P.O. Box 897

City State Zip Code
Sheboygan WI 53082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Windway Capital Corporation President and CEO

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period

1350.00

C. Full Name (Last, First, Middle Initial)
Joseph S. Ladowski

Mailing Address 1848 Forest Park Blvd.

City State Zip Code
Fort Wayne IN 46805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lutheran Medical Group Physician

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Robert L. Luddy

A.

Mailing Address 4641 Paragon Park Rd.

City

Raleigh

State

NC

Zip Code

27616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Captiveaire Systems, Inc.

Occupation

Executive President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

Christopher James Magiera

B.

Mailing Address 3496 S State Road 15

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kosciusko Medical Group

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3436.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2015

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period

1436.73

In-kind - Paid for Volunteer Meal

Full Name (Last, First, Middle Initial)

Suzanne M. McCloskey

C.

Mailing Address 12392 Driftwood Drive

City

Demotte

State

IN

Zip Code

46310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fair Oakes Dairy Farm

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4936.73

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.4456

Donor contributed an in-kind contribution this period making his aggregate contributions greater than \$2,700. The committee has taken corrective action and refunded the total amount of the in-kind contribution to the donor. Therefore, his aggregate contributions total \$2,000.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Douglas W. Morrell

Mailing Address 606 E. 11th St.

P.O. Box 460

City

Rushville

State

IN

Zip Code

46173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.4489

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Craig A. Nayrocker

Mailing Address 651 N. Johnson St.

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Teachers Credit Union

Occupation

Relationship Officer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

524.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2015

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Curtis L. Nisly

Mailing Address 67258 Foxmoore Ct.

City

Goshen

State

IN

Zip Code

46526

FEC ID number of contributing
federal political committee.

C

Name of Employer

C-Tech Solutions

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Pam Galloway

A. Full Name (Last, First, Middle Initial)
Laura Jo Pfaffenberger

Mailing Address 4110 Versailles Ct.

City State Zip Code
Floyds Knobs IN 47119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Precision Compounding Pharmacy Pharmacist/Owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Grant Porter

Mailing Address 1501 High St.

City State Zip Code
Decatur IN 46733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Porter, Inc. Manager

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Ron Redpath

Mailing Address 807 Lydia Drive

City State Zip Code
Warsaw IN 46582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Redpath-Fruth Funeral Home Owner/Manager

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Mary Ann Sheller

Mailing Address 4011 Evans Ave.

City

Valparaiso

State

IN

Zip Code

46383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vale Park Animal Hospital

Occupation

Veterinarian

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Cory Siffring

Mailing Address 1009 Cloucester Ct.

City

Kingsport

State

TN

Zip Code

37660

FEC ID number of contributing
federal political committee.

C

Name of Employer

East TN State Univeristy

Occupation

Surgeon (Physician)

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Cory Siffring

Mailing Address 1009 Cloucester Ct.

City

Kingsport

State

TN

Zip Code

37660

FEC ID number of contributing
federal political committee.

C

Name of Employer

East TN State Univeristy

Occupation

Surgeon (Physician)

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Van P. Smith**A.**

Mailing Address 4501 N. Wheeling Ave.

City

Muncie

State

IN

Zip Code

47304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smith Tech, LLC

Occupation

Executive/Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Tim Sonnentag**B.**

Mailing Address PO Box 423

City

Marathon

State

WI

Zip Code

54448

FEC ID number of contributing
federal political committee.

C

Name of Employer

County Materials Corporation

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Richard Sugden**C.**

Mailing Address 557 E. Broadway

City

Jackson

State

WY

Zip Code

83001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Stephen D. Tharp

Mailing Address 4536 N. Wildwood Dr.

City

Frankfort

State

IN

Zip Code

46041

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Medical Group

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Joel Van Ravenswaay

Mailing Address 5602 Fountain View Dr.

City

Wheatfield

State

IN

Zip Code

46392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		19		2015

Transaction ID : SA11AI.4437

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Thomas Whiteman

Mailing Address 4300 Freeman Lane

City

Muncie

State

IN

Zip Code

47304

FEC ID number of contributing
federal political committee.

C

Name of Employer

IU Health Ball Hospital

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		19		2015

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

42786.73

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

A.Mailing Address 1601 N TUCSON BLVD
SUITE 9

City	State	Zip Code
TUCSON	AZ	85716

FEC ID number of contributing
federal political committee.**C** C00041590

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SA11C.4432

Amount of Each Receipt this Period

5000.00

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 40

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Friends of Pam Galloway

A. Full Name (Last, First, Middle Initial) Pamela Gail Galloway		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015	
Mailing Address 3496 S State Road		Transaction ID : SA11D.4398	
City Warsaw	State IN	Zip Code 46580	Amount of Each Receipt this Period 1392.65
FEC ID number of contributing federal political committee. C H6IN03211		In-kind - October Mileage	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 154216.39		
B. Full Name (Last, First, Middle Initial) Pamela Gail Galloway		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015	
Mailing Address 3496 S State Road		Transaction ID : SA11D.4444	
City Warsaw	State IN	Zip Code 46580	Amount of Each Receipt this Period 1127.00
FEC ID number of contributing federal political committee. C H6IN03211		In-kind - November Mileage	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 155343.39		
C. Full Name (Last, First, Middle Initial) Pamela Gail Galloway		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 3496 S State Road		Transaction ID : SA11D.4514	
City Warsaw	State IN	Zip Code 46580	Amount of Each Receipt this Period 892.98
FEC ID number of contributing federal political committee. C H6IN03211		In-kind - December Mileage	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 206236.37		
SUBTOTAL of Receipts This Page (optional).....		3412.63	
TOTAL This Period (last page this line number only).....		3412.63	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

Pamela Gail Galloway

Mailing Address 3496 S State Road

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C H6IN03211

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

205343.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA13A.4509

Amount of Each Receipt this Period

50000.00

Loan From Pamela Galloway Personal Funds

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

50000.00

50000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Allen County Republican Party

Mailing Address PO Box 11014

Date of Disbursement

M M	D D	Y Y Y Y
10	17	2015

City	State	Zip Code
Fort Wayne	IN	46855

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
District Dinner Event

Transaction ID : SB17.4361

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Full Name (Last, First, Middle Initial)

B. Suzy Barnhart

Mailing Address 7151 Madison Street

Date of Disbursement

M M	D D	Y Y Y Y
10	14	2015

City	State	Zip Code
Merrillville	IN	46410

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
General Campaign Consulting

Transaction ID : SB17.4368

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Full Name (Last, First, Middle Initial)

c. Suzy Barnhart

Mailing Address 7151 Madison Street

Date of Disbursement

M M	D D	Y Y Y Y
10	30	2015

City	State	Zip Code
Merrillville	IN	46410

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
General Campaign Consulting

Transaction ID : SB17.4375

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Suzy Barnhart

Mailing Address 7151 Madison Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2015

City	State	Zip Code
Merrillville	IN	46410

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
General Campaign ConsultingCategory/
Type

Transaction ID : SB17.4390

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Full Name (Last, First, Middle Initial)

B. Suzy Barnhart

Mailing Address 7151 Madison Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

City	State	Zip Code
Merrillville	IN	46410

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
General Campaign ConsultingCategory/
Type

Transaction ID : SB17.4475

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Full Name (Last, First, Middle Initial)

c. Big Brothers Big Sisters

Mailing Address 1005 W. Rudisill Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Fort Wayne	IN	46807

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
BIG Celebration- Silver SponsorCategory/
Type

Transaction ID : SB17.4370

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Advertising Expenses

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2015

Amount of Each Disbursement this Period

301.32

Transaction ID : SB17.4369

B. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Advertising Expenses

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2015

Amount of Each Disbursement this Period

7531.74

Transaction ID : SB17.4354

c. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Advertising Expenses

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

5905.66

Transaction ID : SB17.4376

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13738.72

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Advertising Expenses

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

Amount of Each Disbursement this Period

7531.67

Transaction ID : SB17.4380

B. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Advertising Expenses

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

602.90

Transaction ID : SB17.4385

c. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Advertising Expenses

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2015

Amount of Each Disbursement this Period

311.38

Transaction ID : SB17.4387

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8445.95

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Digital Advertising Expenses

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	D D	Y Y Y Y
12	07	2015

Amount of Each Disbursement this Period

6785.65

Transaction ID : SB17.4516

B. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Campaign Materials and Advertising

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	D D	Y Y Y Y
12	24	2015

Amount of Each Disbursement this Period

10088.79

Transaction ID : SB17.4473

c. Brand Innovation GroupMailing Address 8902 Airport Drive
Suite ACity State Zip Code
Fort Wayne IN 46809Purpose of Disbursement
Digital Advertising Expenses

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	D D	Y Y Y Y
12	24	2015

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4474

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

18874.44

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Pamela Gail Galloway

Mailing Address 3496 S State Road

City	State	Zip Code
Warsaw	IN	46580

Purpose of Disbursement
In-kind - October Mileage

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2015

Amount of Each Disbursement this Period

1392.65

Transaction ID : SB17.4399

B. Pamela Gail Galloway

Mailing Address 3496 S State Road

City	State	Zip Code
Warsaw	IN	46580

Purpose of Disbursement
In-kind - November Mileage

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

1127.00

Transaction ID : SB17.4445

C. Pamela Gail Galloway

Mailing Address 3496 S State Road

City	State	Zip Code
Warsaw	IN	46580

Purpose of Disbursement
In-kind - December Mileage

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

892.98

Transaction ID : SB17.4515

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3412.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Christopher James Magiera

Mailing Address 3496 S State Road 15

City	State	Zip Code
Warsaw	IN	46580

Purpose of Disbursement
In-kind - Paid for Volunteer Meal

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2015

Amount of Each Disbursement this Period

1436.73

Transaction ID : SB17.4457

B. The Bopp Law Firm, PC

Mailing Address 1 South Sixth Street

City	State	Zip Code
Terre Haute	IN	47807

Purpose of Disbursement
Compliance Consulting and Legal Services

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

920.00

Transaction ID : SB17.4373

c. The Bopp Law Firm, PC

Mailing Address 1 South Sixth Street

City	State	Zip Code
Terre Haute	IN	47807

Purpose of Disbursement
Compliance Consulting and Legal Services

Candidate Name

Pamela Gail Galloway

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2015

Amount of Each Disbursement this Period

2730.00

Transaction ID : SB17.4388

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5086.73

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. The Bopp Law Firm, PC

Mailing Address 1 South Sixth Street

City	State	Zip Code
Terre Haute	IN	47807

Purpose of Disbursement
Compliance Consulting and Legal Services

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: IN District: 03

Date of Disbursement

M M / D D / Y Y Y Y
12 / 26 / 2015

Amount of Each Disbursement this Period

880.00

Transaction ID : SB17.4478

B. The Rao Group

Mailing Address 4020 Amyington Drive

City	State	Zip Code
Charlotte	NC	28226

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: IN District: 03

Date of Disbursement

M M / D D / Y Y Y Y
10 / 14 / 2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4367

c. The Rao Group

Mailing Address 4020 Amyington Drive

City	State	Zip Code
Charlotte	NC	28226

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: IN District: 03

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4372

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5880.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. The Rao Group

Mailing Address 4020 Amyington Drive

City	State	Zip Code
Charlotte	NC	28226

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4382

B. The Rao Group

Mailing Address 4020 Amyington Drive

City	State	Zip Code
Charlotte	NC	28226

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4389

c. The Rao Group

Mailing Address 4020 Amyington Drive

City	State	Zip Code
Charlotte	NC	28226

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Pamela Gail Galloway

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4476

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. The Rao Group

Mailing Address 4020 Amyington Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

City	State	Zip Code
Charlotte	NC	28226

Amount of Each Disbursement this Period

1014.89

Purpose of Disbursement
Fundraising ConsultingCategory/
Type

Transaction ID : SB17.4477

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 365 W. Market St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

City	State	Zip Code
Warsaw	IN	46580

Amount of Each Disbursement this Period

147.00

Purpose of Disbursement
Postage purchased for campaignCategory/
Type

Transaction ID : SB17.4379

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 365 W. Market St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

City	State	Zip Code
Warsaw	IN	46580

Amount of Each Disbursement this Period

196.00

Purpose of Disbursement
Postage purchased for campaignCategory/
Type

Transaction ID : SB17.4384

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1357.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Widget MakrMailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
e-donor processing fee

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	D D	Y Y Y Y
10	06	2015

Amount of Each Disbursement this Period

20.25

Transaction ID : SB17.4365

B. Widget MakrMailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
e-donor processing fee

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	D D	Y Y Y Y
10	13	2015

Amount of Each Disbursement this Period

98.25

Transaction ID : SB17.4366

c. Widget MakrMailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
e-donor processing fee

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	D D	Y Y Y Y
11	10	2015

Amount of Each Disbursement this Period

132.55

Transaction ID : SB17.4381

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

251.05

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Widget MakrMailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
e-donor processing fee

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2015

Amount of Each Disbursement this Period

29.70

Transaction ID : SB17.4383

B. Widget MakrMailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
e-donor processing fee

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

20.25

Transaction ID : SB17.4386

c. Widget MakrMailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
e-donor processing fee

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

37.00

Transaction ID : SB17.4391

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

86.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 40

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Pam Galloway

Full Name (Last, First, Middle Initial)

A. Christopher James Magiera

Mailing Address 3496 S State Road 15

City	State	Zip Code
Warsaw	IN	46580

Purpose of Disbursement
Refund for Volunteer Reception

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2015

Amount of Each Disbursement this Period

1436.73

Transaction ID : SB20A.4522

B. Mad Anthony Brewing Company

Mailing Address 113 E Center Street

City	State	Zip Code
Warsaw	IN	46580

Purpose of Disbursement
Refund for Volunteer Reception

Candidate Name

Pamela Gail Galloway

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2015

Amount of Each Disbursement this Period

1436.73

Transaction ID : SB20A.4522.0

[MEMO ITEM]

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1436.73

1436.73

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

Friends of Pam Galloway

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Pamela Gail Galloway

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3496 S State Road

City

State

ZIP Code

Warsaw

IN

46580

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 08 / 2015

Date Due

M M / D D / Y Y Y Y
11/8/2017

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 37 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

Friends of Pam Galloway

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Pamela Gail Galloway

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3496 S State Road

City

State

ZIP Code

Warsaw

IN

46580

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 01 / 2015

Date Due

M M / D D / Y Y Y Y
11/8/2017

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4162

Friends of Pam Galloway

LOAN SOURCE Full Name (Last, First, Middle Initial)

Pamela Gail Galloway

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3496 S State Road

City

State

ZIP Code

Warsaw

IN

46580

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 07 / 2015

Date Due

M M / D D / Y Y Y Y
11/15/2017

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4193

Friends of Pam Galloway

LOAN SOURCE Full Name (Last, First, Middle Initial)

Pamela Gail Galloway

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3496 S State Road

City

State

ZIP Code

Warsaw

IN

46580

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 31 / 2015

Date Due

M M / D D / Y Y Y Y
11/15/2017

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4509

Friends of Pam Galloway

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Pamela Gail Galloway

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3496 S State Road

City

State

ZIP Code

Warsaw

IN

46580

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
12 / 29 / 2015

Date Due

M M / D D / Y Y
11 / 15 / 2017

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

200000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.